F	9	9	Ŋ.	3	EZ
Form	•	•	•		

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2018

Open to Public Inspection

A	ror the	ZU10 Caleng	ar year, or tax year beginning , 2018, and ending			, 20
В	Check if ap	pplicable	C Name of organization	D Empl	oyer id	entification number
	Address o	change	SHOBUKAN JUDO CLUB	ļ.	99	9-6007962
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep	hone ni	ımber
님	Initral retu		80	8-533-2014		
H	Final retur Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	ב Exe	mption
Ħ		on pending	City or town, state or province, country, and ZIP or foreign postal code HONOLULU HAWAII 96817		ber 🕨	•
		ting Method:	Cash	Check I	▶ □ ⊓	f the organization is not
	Nebsite	•	r ————————————————————————————————————			ach Schedule B
				•)-EZ, or 990-PF).
			✓ Corporation ☐ Trust ☐ Association ☐ Other	`	<u> </u>	
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets		
			5500,000 or more, file Form 990 instead of Form 990-EZ		▶ €	
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		tions	for Part I)
	art i		the organization used Schedule O to respond to any question in this Part I			
	1		ons, gifts, grants, and similar amounts received		1	462
	2		ervice revenue including government fees and contracts	٠ . ا	2	402
	3		ip dues and assessments		3	-7,742
	4	Investment		}	4	+ 14
	5a				*	- 14
			unt from sale of assets other than inventory	-	ĺ	
	b		The state of the s		<u></u>	
	6.		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events:		5c	
	1		ome from gaming (attach Schedule G if greater than	ľ		
Revenue	a	\$15,000) .				•
	l .	•				·
	b		me from fundraising events (not including \$of contribution aising events reported on line 1) (attach Schedule G if the	s	I	•
ď					- [,
					.	•
	C		t expenses from gaming and fundraising events [6c]		1	
	d	line 6c) .	e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	oraci		
	۱ ـ	•		!	6d	
	7a		s of inventory, less returns and allowances			
	b		of goods sold			
	ြင		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	}	7c	
	8		nue (describe in Schedule O)	7.	8	0.040
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	·\P	9	8,218
	10		similar amounts paid (list in Schedule O) RECE!.VE:	ઝ <u>ા</u> ⊦	10	500
	11	·-	ud to of for members	-3 ! :	11	
Şe	12		ther compensation, and employee benefits	151	12	
Expense	13]元	13	0.000
×	14		, rent, utilities, and maintenance	. 11	14	8,392
ш	15		ublications, postage, and shipping OGDEN, UT		15	
	16		nses (describe in Schedule O)	٠.٠ ا	16	2,366
	17		nses. Add lines 10 through 16	. 🏲	17	11,258
ম	18		deficit) for the year (Subtract line 17 from line 9)	·:	18	-3,040
še	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	with		
Ä			r figure reported on prior year's return)	[19	125,178
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)	·	20	
	21		or fund balances at end of year. Combine lines 18 through 20	. ▶	21	122,138
For	Papen	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 106421			Form 990-EZ (2018)
		2020	•			
		õ				

	` •					
_	990-EZ (2018)		<u>.</u>			Page
Pa	Rt II Balance Sheets (see the instructions	•		D. A.II		
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		-	115,178	22	112,138
23	Land and buildings			10,000	+	10,000
24	Other assets (describe in Schedule O)				24	
25	Total assets		[125,178	25	122,138
26				0		C
27	Net assets or fund balances (line 27 of column			125,178	27	122,138
Par	Statement of Program Service Accom	•		•		Evenese
VA/Ib =	Check if the organization used Schedule	O to respond to a	ny question in this	Part III	(Red	Expenses quired for section
	t is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
as m	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mones benefited, and other relevant information for ea	nanner, describe the	f its three largest p e services provided	rogram services, I, the number of	orga	anizations; optional for ers.)
28	Development of amateur athletes fostering local, national	al and international am	ateur judo competitors	3		
	(Grants \$) If this amount	includes foreign gra	ants, check here .	• 🗆	28a	11,258
29						
	(Grants \$) If this amount	includes foreign gra	ants, check here .	• 🗆	29a	
30			-			
					İ	
0.4		includes foreign gra		▶ □	30a	!
31	Other program services (describe in Schedule O) (Grants \$) If this amount	includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	
Par						
	Check if the organization used Schedule					🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
Dwig	ht T Maeda, President/Director				1	
2050	Nuuanu Avenue Unit 102 Honolulu Hawaii 96817	3		1	0	0
Head	Instructor	12				
	d Y Kanno, Vice-President/Director 13th Avenue Honolulu Hawaii 96816	1	o		0	0
Instru	ıcor	8				
Mich	ael T Maeda, Vice-President/Director					
3124	Hayden Street Honolulu Hawaii 96815	1] o		o	0
Instru	uctor	10				
	Jemura, Secretary/Director 308 Ipu Place Honolulu Hawaii 96701	1	0		0	0
Instru		8				
	K Migita, Director Lukela Lane Honolulu Hawaii 96819	1	0		0	0
Instru	uctor				1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

3

Form 990-EZ (2018)

Part '	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	e	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33	-	~
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		·
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		L
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
26	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	30		
	Did the organization file Form 1120-POL for this year?	37b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(7) organizations. Enter:			İ
	Initiation fees and capital contributions included on line 9	4		"
	Gross receipts, included on line 9, for public use of club facilities	┨		
	section 4911 ► ; section 4912 ► ; section 4955 ►	1		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	}		
	4955, and 4958			
đ	40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1		
	transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶			
		808-52		
	Located at ≥ 2050 Nuuanu Avenue Unit 102 Honolulu Hawaii ZIP + 4 ≥ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	96817		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account, or other financial account)?	42b	Yes	
	If "Yes," enter the name of the foreign country ▶	420		~
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		V
	If "Yes," enter the name of the foreign country ▶			_
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	- [_
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	140
	completed instead of Form 990-EZ	44a		V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		٧
	Did the organization receive any payments for indoor tanning services during the year?	44c		٧
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		~

		•					_			
46	Did to	the organization engage, directly or in andidates for public office? If "Yes," o	ndirectly, in political o complete Schedule C	ampaign activities Part I	on behalf of o	or in opposi	tion	46		
Part		Section 501(c)(3) Organization: All section 501(c)(3) organization 50 and 51.	s Only						r line	-
		Check if the organization used Sc	hedule O to respond	d to any question is	n this Part VI					
			·· ·						Yes	No
47		the organization engage in lobbying ? If "Yes," complete Schedule C, Par		section 501(h) elec		_		47		•
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									~
49a b	Did the organization make any transfers to an exempt non-charitable related organization?									
50		plete this table for the organization's						49b ustees	s. and	d ke
	empl	loyees) who each received more than	\$100,000 of compe	nsation from the or	ganization. If t	there is non	e, ente	er "No	ne."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contributions benefit plans	h benefits, s to employee , and deferred ensation		timated or comp		
NONE										
										 -
51	Com	number of other employees paid ow plete this table for the organization, ,000 of compensation from the orga	s five highest compe	ensated independe	nt contractor	s who each	n recei	ived r	nore	thar
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice	(c)) Compe	nsation	۱ 	
NONE										

					<u> </u>					
d	Total	number of other independent contra	actors each receiving	over \$100,000	-		·			
52	Did 1	the organization complete Schedu bleted Schedule A	•	•	ganizations r		n a .▶ 🗸	Yes		lo
Under p	enalties rect, an	of perjury, I declare that I have examined this raid complete. Declaration of prepare other than	eturn, including accompan	ying schedules and state	ments, and to the or has any knowk	e best of my kr edge.	nowledg	e and b	elief, r	t ıs
	Т	1 Dilt & M	<u></u>			11/13/	19			-
Sign Here	Signature of officer Date Dwight T Maeda - President					<u></u>				
	L	Type or print name and title					, .			
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	if [ΠN		
Use (Firm's name ▶			Far	n's EIN ▶				
May th	e IRS	Frm's address ► discuss this return with the preparer	shown above? See i	nstructions	Pho	one no.	▶ □	Vos		-

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name	ame of the organization Employer identification number						
SHO	BUKAN JUDO CLUB					99-600	07962
Par							ns.
The c	organization is not a private founda						
1	A church, convention of church						\4
2	A school described in section		•				⁾]
3	A hospital or a cooperative ho						· · · ·
4	A medical research organization	•	onjunction with a hosp	ortal desc	nbed in s	ection 170(b)(1)(A)((III). Enter the
_	hospital's name, city, and stat						
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					ai unit described in
6	A federal, state, or local gover						
7	An organization that normally described in section 170(b)(1)		•	port from	a govern	nmental unit or from	ithe general public
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete l	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity:	ization described int college of agr	d in section 170(b)(1) iculture (see instruction	(A)(ix) ope ons). Ente	erated in r the nam	conjunction with a land in a land in a land in a land state of	and-grant college the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxal	ertain exc ble incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its
11	☐ An organization organized and						
12	☐ An organization organized and						
	of one or more publicly support Check the box in lines 12a thro						
а	☐ Type I. A supporting organ	nization operated	l, supervised, or contr	olled by i	s suppoi	rted organization(s),	typically by giving
	the supported organization				ority of t	he directors or trust	ees of the
	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B.			
b							
	control or management of		_		persons	that control or mana	age the supported
	organization(s). You must	•					
C	Type III functionally integ its supported organization						ally integrated with,
d		i ntegrated. A su	pporting organization	operated	in conne	ection with its suppo	rted organization(s)
	that is not functionally inte						d an attentiveness
	requirement (see instruction	•	· ·				
e	Check this box if the organ functionally integrated, or						II, Type III
f	Enter the number of supported						
g	Provide the following information	n about the supp	orted organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the or listed in you docum	governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
		-					
(A)							
(B)							
(C)							
(D)							
E)							

Total

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	/ (f) Total
1	Gifts, grants, contributions, and					/	
	membership fees received. (Do not					/ .	
	include any "unusual grants!"	 -					
2	Tax revenues levied for the	į				/	
	organization's benefit and either paid to or expended on its behalf						
•	The value of services or facilities					-/.	
3	furnished by a governmental unit to the			İ		/	l
	organization without charge	\setminus			/	ľ	
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
3	each person (other than a						
	governmental unit or publicly			ł]	
	supported organization) included on	\	[
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		<u> </u>	/			<u> </u>
6	Public support. Subtract line 5 from line 4	L			l	1	L
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2016	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(a) 2014	(1) 2010	(6) 2010	(4) 2017	(6) 2010	tij rota.
8	Gross income from interest, dividends,		 	//	<u> </u>		
•	payments received on securities loans,	•		IX			
	rents, royalties, and income from		/	ľ			
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business			\			
	is regularly carried on			<u> </u>			
10	Other income. Do not include gain or					ļ	
	loss from the sale of capital assets (Explain in Part VI.)		/				
11	Total support. Add lines 7 through 10	 /					
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the			d, third, fourth	, or fifth taxy		on 501(c)(3)
	organization, check this box and stop he	re ./			<u></u>	<u> </u>	🕨 🗆
Secti	on C. Computation of Public Support	rt Percentag	е				
14	Public support percentage for 2018 (line			1, column (f))		14	<u>%</u>
15	Public support percentage from 2017 Sch	hédule A, Part	II, line 14			15	<u>%</u>
16a	331/2% support test—2018. If the organibox and stop here. The organization qua				na line 14 is 3:	sing or more,	
L	331/3% support test - 2017. If the organi					ie 331n% or m	ore check
b	this box and stop here. The organization						► <u> </u>
170	10%-facts-and-circumstances test —2	•		_		6a or 16b an	
178	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circ	umstances" te	est. The organi	zation qualifies	s as a publicly	supported
	organization /						· · · 🦎 🗆
b	10%-facts-and-circumstances test – 2	017. If the org	anization did r	not check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and/if the organization	ation meets th	e "facts-and-	circumstances	" test, check	this box and	stop here. 🔪
	Explain in Part VI how the organization r	neets the "fac	ts-and-circum	stances" test.	The organizati	on qualifies as	a publicly 🔬
	supported organization/						🟲 🗆
18	Private foundation. If the organization di						N F
	instructions	<u></u>		<u> </u>	· · · · ·		🚩 🔝

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the tes	isted beig	w, piease co	mpiete Part II	.)	
	on A. Public Support				·	/) 22.2	(0.7
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	16389	14012	10187	9696	8204	58488
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	16389	14012	10187	9696	8204	58488
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.)						58488
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	16389	14012	10187	9696	8204	58488
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	21	21	21	21	14	98
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	21	21	21	21	14	98
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or			-	-		
	loss from the sale of capital assets		1	Į	l		
	(Explain in Part VI.)	0	o	o	o	o	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	16410	14033	10208	9717	8218	58586
14	First five years. If the Form 990 is for the organization, check this box and stop her				or fifth tax ye		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8	3, column (f), di	ivided by line 1	3, column (f))		15	99 %
16	Public support percentage from 2017 Sch	redule A, Part I	II, line 15 .	. <u></u>	<u> </u>	16	99 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2018 (17	0 %
18	Investment income percentage from 2017	Schedule A, F	Part III, line 17			18	0 %
19a	331/3% support tests—2018. If the organi						
_	17 is not more than 331/3%, check this box						_
b	331/3% support tests—2017. If the organize line 18 is not more than 331/3%, check this be						
20	Private foundation. If the organization di		_				

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			- No.
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1		
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
b	(b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3a 3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		,	
	below, the governing body of a supported organization?	11a		
Ь	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ł		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ļ :		
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			:
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Section	on D. All Type III Supporting Organizations			
		,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 1		ľ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Casti		3		
	on E. Type III Functionally Integrated Supporting Organizations		- A *	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	cuons	3 <i>).</i>
a	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (ooo in	de ceti	ional
с 2	Activities Test. Answer (a) and (b) below.	500 III:	Yes	
	**		163	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ļ	
	the supported organization(s) to which the organization was responsive? If Yes, then in Part VI identity those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u>a</u>	-	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			İ
	reasons for the organization's position that its supported organization(s) would have engaged in these			ŀ
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	W		 i
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
L	• • • • • • • • • • • • • • • • • • • •	Ja		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h	 	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>gani</u>	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III supporti	ng organization (see
instructions)			

Part	I ype III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6				
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а				
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:	,		
a	Applied to underdistributions of prior years			
b_				
С	Remainder. Subtract lines 4a and 4b from 4.			·
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			-
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			•
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
NOT APPLI	CABLE

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